REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 19/6/04 2 Serial/Patent #09/69/004						
3 Please refund the following fee(s):		4 PAF	PER MBER	5 DATI		6 AMOUNT
X	Filing			7/28/0	7	\$ 840
/	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
	Petition					\$
	Issue					\$
	Cert of Correction/Terminal Disc.					\$
	Maintenance					\$
	Assignment					\$
	Other			<u></u>		\$
		7 TOTAL AMOUNT OF REFUND			\$355 -	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
X	Overpayment	·	_C	redit D)epo	sit A/C #:
	Duplicate Payment		9		•	
	No Fee Due (Explanation):		-			
Small Enlity						
V						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: 179/1/5 // MAZ TITLE: 2/2						
SIGNATURE: SIGNATURE: 50.5-8737						
office: 70-7-0						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: Approved: 10 260						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B